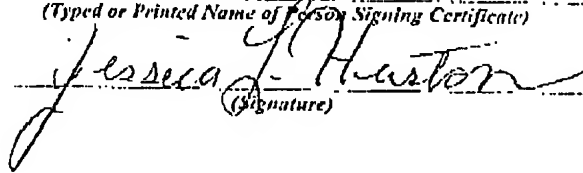
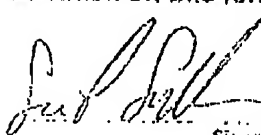


P. 01
DEC 12 2005

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): JASON STUART KATCHA ET AL.			145806CT
Application No. 10/708,934	Filing Date 04/01/2004	Examiner K. SUCHECKI	Group Art Unit 2882
Invention: MULTICHANNEL CONTACTLESS POWER TRANSFER SYSTEM FOR A COMPUTED TOMOGRAPHY SYSTEM			
<p>I hereby certify that this _____ Transmittal and Amendment _____ (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-8300) on 12/12/2005 (Date)</p> <p style="text-align: center;">Jessica L. Huston (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 145806C1									
Applicant(s): JASON STUART KATCHIA ET AL.														
Application No. 10/708,934	Filing Date 04/01/2004	Examiner K. SUCHECKI	Customer No. 23413	Group Art Unit 2882	Confirmation No. 2933									
Invention: MULTICHANNEL CONTACTLESS POWER TRANSFER SYSTEM FOR A COMPUTED TOMOGRAPHY SYSTEM														
COMMISSIONER FOR PATENTS:														
Transmitted herewith is an amendment in the above-identified application.														
The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	16 -	24 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-0845 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 _____ Signature			Dated: 12/12/2005											
Sean P. Sullivan Reg. No. 38,328 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____														
(Date)														
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	JASON STUART KATCHIA, ET AL.)	
)	Group Art Unit: 2882
Serial No.:	10/708,934)	
)	
Filed:	April 1, 2004)	Examiner: Suchecki, K.
)	
For:	MULTICHANNEL CONTACTLESS)	
	POWER TRANSFER SYSTEM FOR A)	Confirmation No.: 2933
	COMPUTED TOMOGRAPHY SYSTEM)	

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Office Action mailed September 20, 2005, please amend the
Application as follows:

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